

FILED  
08 MAY 30 PM 2:21  
CLERK OF DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

CV 08 2731

Plaintiff,

CASE NO. CW

vs.

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

(PR)

Defendant.

I, Timothy Epps, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes X No     

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$ 11.20 Net: \$ 11.20

Employer: CDJR - SALINAS VALLEY STATE PRISON (3RD WATCH BUILDING PORTER).  
(VALLEY)

If the answer is "no," state the date of last employment and the amount of the gross and net salary  
PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No.

1 and wages per month which you received. (If you are imprisoned, specify the last place of  
 2 employment prior to imprisonment.)

3 TEXASCO OIL CHANGERS IN JACKSONVILLE, FLORIDA. ADDRESS UN-  
 4 KNOWN.

5  
 6 2. Have you received, within the past twelve (12) months, any money from any of the following  
 7 sources:

- 8 a. Business, Profession or Yes \_\_\_ No X  
 9 self employment  
 10 b. Income from stocks, bonds, Yes \_\_\_ No X  
 11 or royalties?  
 12 c. Rent payments? Yes \_\_\_ No X  
 13 d. Pensions, annuities, or Yes \_\_\_ No X  
 14 life insurance payments?  
 15 e. Federal or State welfare payments, Yes \_\_\_ No X  
 16 Social Security or other govern-  
 17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 19 received from each.

20 \_\_\_\_\_  
 21 \_\_\_\_\_

22 3. Are you married? Yes \_\_\_ No X

23 Spouse's Full Name: \_\_\_\_\_

24 Spouse's Place of Employment: \_\_\_\_\_

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

27 4. a. List amount you contribute to your spouse's support : \$ \_\_\_\_\_

28 b. List the persons other than your spouse who are dependent upon you for support  
 PRIS. APPLIC. TO PROC. IN FORMA

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

5. Do you own or are you buying a home? Yes \_\_\_ No X

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_ No X

Make N/A Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_ No N/A If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ N/A

7. Do you have a bank account? Yes \_\_\_ No X (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

Present balance(s): \$ N/A

Do you own any cash? Yes \_\_\_ No X Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No X

8. What are your monthly expenses?

Rent: \$ NONE Utilities: NONE

Food: \$ NONE Clothing: NONE

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
<u>N/A</u>	\$ _____	\$ _____
<u>N/A</u>	\$ _____	\$ _____
<u>N/A</u>	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

PRIS. APPLIC. TO PROC. IN FORMA

1 RESTITUTION, & FOR EYE GLASSES FROM CDCR.

2  
3 10. Does the complaint which you are seeking to file raise claims that have been presented in  
4 other lawsuits? Yes X No /

5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which  
6 they were filed.

7 PEOPLE VS. TIMOTHY EPPS (A108916) FIRST APPELLATE DISTRICT - DIVISION THREE

8 PEOPLE VS. TIMOTHY EPPS (A-108916) SUPREME COURT OF CALIFORNIA

9 I consent to prison officials withdrawing from my trust account and paying to the court the  
10 initial partial filing fee and all installment payments required by the court.

11 I declare under the penalty of perjury that the foregoing is true and correct and understand  
12 that a false statement herein may result in the dismissal of my claims.

13  
14 May 20<sup>th</sup> 2008  
15 DATE

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28  
Timothy Epps  
SIGNATURE OF APPLICANT

PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No. \_\_\_\_\_

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**

**IN**

**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of TIMOTHY EPPS for the last six months at [prisoner name]

SALINAS VALLEY STATE PRISON where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 5/20/06

C/O D. H.

[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 05/19/08

PAGE NO: 2

SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAY 19, 2008

ACCT: T16535

ACCT NAME: EPPS, TIMOTHY

ACCT TYPE: I

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 04/27/01

CASE NUMBER: \*135298

COUNTY CODE: \*ALA

FINE AMOUNT: \$ 44,754.22

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
10/09/07	DR34	REST DED-EFT DEPOSIT	50.00-	44,586.72

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
 \* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \* \*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
5.00	45.00	50.00	0.00	5.00	0.00

CURRENT  
AVAILABLE  
BALANCE

5.00-

REPORT ID: TS3030 .701

REPORT DATE: 05/19/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAY 19, 2008

ACCOUNT NUMBER : T16535

BED/CELL NUMBER: FCB4T10000000108L

ACCOUNT NAME : EPPS, TIMOTHY

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
09/01/2007		BEGINNING BALANCE					5.00
09/05	W536	COPAY CHARGE	0690 COPAY			5.00	0.00
09/17	FR01	CANTEEN RETUR	700808			0.95-	0.95
10/09	*DD34	EFT DEPOSIT D	1009 90608		45.00		45.95
10/11	W534	MEDICAL CHARG	1040 BRACE			30.25	15.70
11/07	*FC03	DRAW-FAC 3	1276 C4			15.70	0.00
12/14	FR01	CANTEEN RETUR	701588			15.70-	15.70
12/17	FC03	DRAW-FAC 3	1593 C-1			5.70	10.00
12/19	W536	COPAY CHARGE	1617 COPAY			5.00	5.00
12/27	W536	COPAY CHARGE	1668DCOPAY			5.00	0.00
ACTIVITY FOR 2008							
01/14	FR01	CANTEEN RETUR	701813			5.70-	5.70
01/14	FC03	DRAW-FAC 3	1816 C4			0.70	5.00
01/16	W536	COPAY CHARGE	1851DCOPAY			5.00	0.00
02/15	FR01	CANTEEN RETUR	702144			0.70-	0.70
02/21	W512	LEGAL POSTAGE	2183 ENVEL			0.70	0.00

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
05/14/2008	H114	COPAY FEE, MED.	2911DCOPAY	5.00

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 04/27/01

CASE NUMBER: \*135298

COUNTY CODE: \*ALA

FINE AMOUNT: \$ 44,754.22

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
09/01/2007		BEGINNING BALANCE		44,636.72

**PROOF OF SERVICE BY MAIL**

**BY PERSON IN STATE CUSTODY**

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

I, TIMOTHY EPPS, declare:

I am over 18 years of age and a party to this action. I am a resident of SALINAS VALLEY  
STATE Prison,

in the county of SALINAS,

State of California. My prison address is: P.O. Box 1050 SOLEDAD, CALIFORNIA  
93960-1050

On \_\_\_\_\_,  
(DATE)

I served the attached: WRIT OF HABEAS CORPUS

(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional institution in which I am presently confined. The envelope was addressed as follows:

NORTHERN DISTRICT COURT (U.S. FEDERAL DISTRICT COURT),  
450 GOLDEN GATE AVE. SAN FRANCISCO, CALIF. 94102

ATTORNEY GENERAL - 455 GOLDEN GATE AVE. SUITE 11000 SAN FRANCISCO, CALIF. 94102-7004

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on May 20<sup>th</sup> 2008  
(DATE)

Timothy Epps  
(DECLARANT'S SIGNATURE)